## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## **COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informat	tion																
1. Name and Mailing Address of Respondent Garden Valley Telephone Company P. O. Box 259 Erskine, MN 56535													Check here if this is a change of address.				
2. Year Report Filed 2017	Period (Endi overed by Rep /2017	ing Date of Pa port)	зу		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 2 16 or more (complete all sections)												
SECTION II - Full-Time Emplo	yees																
		Number of Employees (Report employees in only one category)															
Job									Race/Ethnicity	/							
Categories	Ī		inic or	Not-Hispanic or Latino													
				Male								Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	Н	t/r	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			4						1						5	
First/Mid-Level Officials and Managers	1.2			6						3						9	
Professionals	2									1						1	
Technicians	3			2						1						3	
Sales Workers	4									3						3	
Administrative Support Workers	5			2						17						19	
Craft Workers	6			29												29	
Operatives	7			4												4	
Laborers and Helpers	8			2												2	
Service Workers	9			2												2	
TOTAL	10	0	0	51	0	0	0	0	0	26	0	0	0	0	0	77	
PREVIOUS YEAR TOTAL	11	0	0	52	0	0	0	0	0	25	0	0	0	0	0	77	

FCC 395

SECTION III - Part-Time Emplo	yees.	Number of Employees (Report employees in only one category)															
		(Report employees in only one category)  Race/Ethnicity															
Job Categories	His	Hispanic or		Not-Hispanic or Latino													
	L	_atino	Male								Fer	Female					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
	А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0		
Executive/Senior Level Officials and Managers	1,1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5								9						9		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	9	0	0	0	0	0	9		
PREVIOUS YEAR TOTAL	11 0	0	0	0	0	0	0	0	9	0	0	0	0	0	9		
SECTION IV - Report of Discri	mination Com	plaints Pursu	ant to 47 CF	R 22.321, 23.	55, 90.168, 10 <sup>-</sup>	1.4, and 101	1.311										
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																	
SECTION V - Certification  I certify that to the best of my kn	owledge, infor	mation, and be	lief, all staten	ents in this re	port are true a	nd correct.											
		d Name of Per			January 1								Telephone No.				
05/11/2017	Tim Brinkman						TEMENTS MADE ON THIS FORM ARE PUNISPABLE BY FINE AND/OR IMPRI							(218) 687-2400			
Title of Person Signing CEO/General Manager					FALSE STAT ATION LICEN	EMENTS M SE OR CON	IADE ON THIS	S FORM ARE PERMIT (47)	PUNISHABI J.S.C. 312 (	E BY FINE AI A)(1) AND/OR	ND/OR IMPRI FORFEITUR	SONMENT ( E (47 U.S.C.	18 U.S.C. 100 503).	1) AND/OR R	EVOCATION		